•	PATENT A		ICATIO Effectiv	RD	,	5490W	E-1	9/59	49	13E				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMA TYI		ENTITY	OR	OTHER		
FOR			NUMBER FILED		NUMBER EXTRA		RAT	E	FEE	7	RATE		25	
BASIC FEE										OR	19 July 19 19	_	0.00	
TOTAL CLAIMS			5	minus :	20=	• /	X\$:	9=		OR	X\$18=	,		
INDEPENDENT CLAIMS			-	minus	3 =		X39)=		OR	X78=	H	<u> </u>	
MULTIPLE DEPENDENT CLAIM PRESENT								+130	— >=	 	OR	+260=	\vdash	
• If	If the difference in column 1 is less than zero, enter "0" in column 2										OR	TOTAL	4	
	C	LAIM	S AS A	MENDED	TOT		<u> </u>	10	OTHER	TH	AN			
(Column 1) (Column 2) (Column 3)							SMA	LL	ENTITY	OR	SMALL			
AMENDMENT A		REM			NUMBER PREVIOUSL PAID FOR		PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE /		RATE	TIC	DDI- DDI-
	Total	ر .	5	Minus		20	=	X\$ 9	=		OR	X\$18=		
	Independent			Minus	***		= :	X39	=		OR	X78=	\mathcal{I}	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										/	OR	+260=/	·	
	•		+130 TO	TAL	/	اما	TOTAL							
		(Col	umn 1)		ıc	Column 2)	(Column 3)	ADDIT. I	EE	/		ADDIT. FEE		
AMENDMENT B	CONTRACTOR OF CO		AIMS	100 m		HIGHEST				ADDI-	1		ΔΓ	DDI-
		AF	AINING FTER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	TIONAL		RATE	TIC	NAL EE
	Total	٠	7	Minus	**	20	=	· X\$ 9	=	/	OR	X\$18=		
	Independent			Minus N OF MULTIPLE DEP		3	= .	X39=			OR	X78=	/	
	FIRST PRESE	MIAIIC	IN OF MIC	DETIPLE DEP	ENL	ENT CLAIM		+130	_		OR	+260=	7	
				•				TO		/	OR L	TOTAL	<u>/</u>	
		(Coli	ımn 1)		(C	olumn 2)	(Column 3)	ADDIT. F	EEI	+	· · ·	ADDIT. FEE		
AMENDMENT C		CL	AIMS AINING		1	HIGHEST		F	_	ADDI-	ſ		٨٢	DI-
		AF	TER IDMENT		PF	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RATI	=	TIONAL FEE		RATE	TIO	NAL EE
	Total	•		Minus	**		=	X\$ 9	_		OR	X\$18=		
	Independent	•		Minus	***		=	X39=			ŀ	X78=		\neg
*	FIRST PRESE	NTATIC	ON OF MU	JLTIPLE DEF	ENC	ENT CLAIM		1,03	\dashv		OR			
٠,	f the entry in colur	nn 1 is l	ess than th	e entry in colu	mn 🤈	write "0" in ~~	lumo 3	+130			O.R	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***OPTION OF TOTAL ADDIT. FEE														
	The "Highest Num							found in the	app	ropriate box	in colu	ımn 1.		

Application or Docket Number